Docket No. 1747/55672-A-PCT-US/JPW/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Gloria C. Li et al.
Serial No. : 09/750,410 Examiner: Jane Zara
Filed : December 28, 2000 Group Art Unit: 1635
For : USES OF DNA-PK

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 10, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

| | Number after Amendment | Highest Number Previously Paid For ¹ | Number of Extra Claims Presented | RATE | | FEE | |
|--|------------------------|---|----------------------------------|----------------------|--------------|--------------|--------------|
| | | | | Small Entity | Other Entity | Small Entity | Other Entity |
| Total Claims | 8 - | * 11 = | *** 0 X | \$25 | \$50 | = 0 | |
| Indepen-dent Claims | 2 - | ** 2 = | *** 0 X | \$105 | \$210 | = 0 | |
| Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No | | | | \$185 | \$370 | = 0 | |
| | | | | TOTAL ADDITIONAL FEE | | 0 \$ | |

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)

☒ A Petition for an Extension of Time, including a fee of
\$ 525.00 for a Petition for 3 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 705.00.

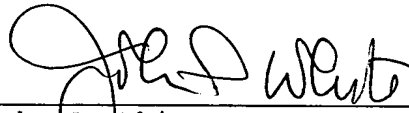
☒ A check in the amount of \$ 705.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

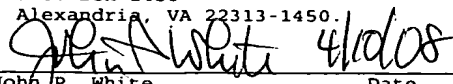
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☒ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
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John P. White Date
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